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DALLAS, TX 75380				(Depositor's name)			
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	·					(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATIÓN NO.	
09/692,365	10/19/2000	Orvalle Theodore K		irby AUS9-2000-0629-US1 7061			
ITTLE OF INVENTION: METHOD AND APPARATUS FOR DYNAMIC RETENTION OF SYSTEM AREA NETWORK MANAGEMENT INFORMATION IN NON-VOLATILE STORE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0	\$0 \$1510 \$11/10/2009 \$11/12/2009 \$ZEWDIE2 00000032 090447 09692365			
EXAMINER A		ART UNIT	CLASS-SUBCLASS				
PATEL. ASHOKKUMAR B 2449			709-221000	01 FC:1501 1518.08 DA			
"Fee Address" indi	ondence address (or Cha 3/122) attached. ication (or "Fee Address	nge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)		<del> </del>	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
International Business Machines Corporation Armonk, New York							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) a  **Sissue Fee  **Publication Fee (N  **Advance Order - 4	o small entity discount p		A check is enclosed.  Payment by credit car	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-044/(enclose an extra copy of this form).			
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Authorized Signature B . Manyo				Date October 29, 2009			
Typed or printed name Peter B. Manzo				Registration No. 54,700			
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